

## **Screening Criteria for Blepharoplasty (CPT Codes 15820 – 15823 and 67900 – 67924)**

### **Definition:**

Blepharoplasty may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. It may be either reconstructive or cosmetic.

**Cosmetic blepharoplasty** is performed to improve a patient's appearance in the absence of any signs and/or symptoms of functional abnormalities and is **not** a covered Medicaid benefit.

**Reconstructive blepharoplasty** is performed to correct visual impairment caused by drooping of the eyelids (ptosis); repair defects caused by trauma-ablative surgery (ectropion/entropion corneal exposure); treat periorbital sequelae of thyroid disease and nerve palsy; or to relieve painful symptoms of blepharospasm (uncontrollable blinking).

### **Documentation:**

- Indications for surgery should be documented by the surgeon.
- A reliable source for visual-field charting is recommended when visual impairment is involved.
- Include a complete eye evaluation.
- Pre-operative photographs must be submitted.

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Signature of Medical Director

Effective Date